



System-of-Care Evaluation Brief

Juvenile Justice Characteristics and Outcomes of Children in Systems of Care

The juvenile justice sector is a critically important component of systems of care. Two-thirds of children in the juvenile justice system have alcohol, drug, or mental disorders (Teplin, 2001), and many children served in other sectors (e.g., child welfare, mental health, education) are at high risk for juvenile justice involvement. The mental health service needs of those already involved in the juvenile justice system are not being adequately met in the United States (Snyder & Sickmund, 1999). Effective linkages with systems of care can provide a set of integrated community-based services for addressing the needs of youth who have already entered the juvenile justice system. In addition, prevention of juvenile justice involvement for high-risk youth is an important priority for systems of care. A comprehensive, individualized service plan implemented at an important developmental juncture may avert involvement in risky behaviors that can result in entry into the juvenile justice sector.

Since its inception, the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program has collected data on juvenile justice involvement for children participating in systems of care. Data from the evaluation of the first 22 grantees funded from 1993 to 1999 provides information on juvenile justice outcomes for children participating in systems of care. More recent information collected from currently funded grantees, expands upon this data by providing extensive self-reports from youth aged 11 and above on their involvement in specific types of behaviors that may result in formal juvenile justice involvement. This latter information paints an expansive picture of risk for youth who are entering systems of care and provides an important baseline to measure change.

Contact with Law Enforcement from Intake to 2 Years

Among children receiving services in the initial 22 grantee programs, contact with law enforcement decreased in the system of care from intake to 2 years. Although most children had not had any contact with law enforcement in the year prior to intake into system-of-care services, 24.4% of the children had one or more contacts with law enforcement as a result of one or more

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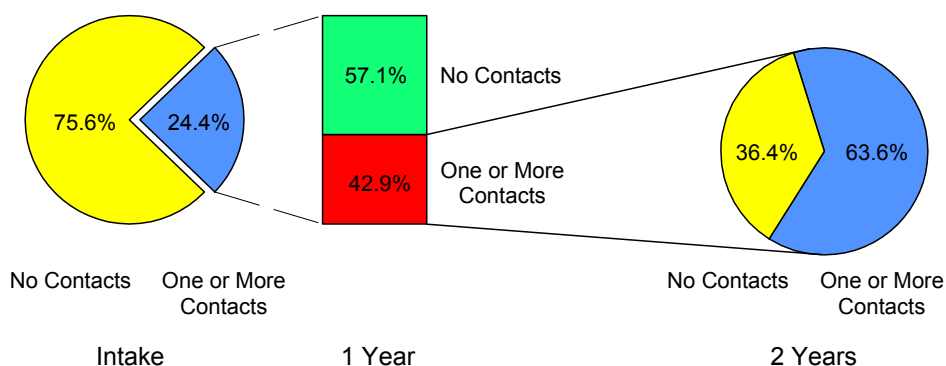
National Evaluation
Comprehensive Community Mental Health
Services for Children and Their Families Program

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violations of the law, as shown in Figure I. Of these children, 57.1% reported no contacts with law enforcement in the 6 months prior to their 1-year assessment. Of the 118 children who had one or more contacts with law enforcement in the year prior to intake *and* in the 6 months prior to their 1-year assessment, 36.4% had no contacts with law enforcement in the year prior to their 2-year assessment. Most children (89.4%) who reported no contacts with law enforcement in the year prior to intake had not had any subsequent contacts with law enforcement in the 6 months prior to their 1-year assessment. Of those with no contacts in the 6 months prior to their 1-year assessment, 74% continued to have no contacts in the year prior to their 2-year assessment.

Phase I: Contacts with Law Enforcement



Contact with Law Enforcement (N = 1,126)

Information on One or More Contacts with law enforcement was collected in the following ways: Upon a child's intake into system-of-care services, information was collected on that child's previous One or More Contacts with law enforcement (up to 12 months prior to entry into system-of-care services). At 1 year, the information was collected for the period between 6 months and 12 months. At 2 years, the information was collected for the period between 1 year and 2 years.

Figure 1

Youth Self-Reports of High-Risk Behaviors

For grantees funded in 1997, 1998 or 1999, youth 11 years or older are asked to report on their involvement in delinquent behaviors. Figure II displays the nine most frequently reported delinquent activities that a youth had engaged in at least once in the 6 months prior to intake. These nine delinquent activities were selected based on a minimum of 10% of the youth reportedly engaging in the activity. Significant relationships among delinquent behaviors were found. For example, youth who had carried a weapon in the past 6 months were twice as likely to have been in a gang involved in illegal activities than youth who did not carry a weapon during the same period (31% vs. 10%).

Sixty-two percent of the youth 11 years or older reported having been accused by the police of breaking the law prior to entry into system-of-care programs. Fifty percent of the youth 11 years or older had been arrested for offenses such as assault, DUI, criminal mischief, and vandalism, and 54% had been on probation. Forty-three percent had been in a detention center or jail, and 84% reported a history of substance abuse. These rates are higher than the 44% of youth aged 11 years or older who had a history of law enforcement contacts prior to their entry into the initial 22 grantee programs.

The 1997 National Longitudinal Survey of Youth (NLSY), which interviewed 9,000 youth between the ages of 12 and 16, reported that 8% of the youth had been arrested in their lifetime (Bureau of Labor Statistics,

Phase II: The Most Frequently Reported Delinquent Behaviors in the 6 Months Prior to Intake

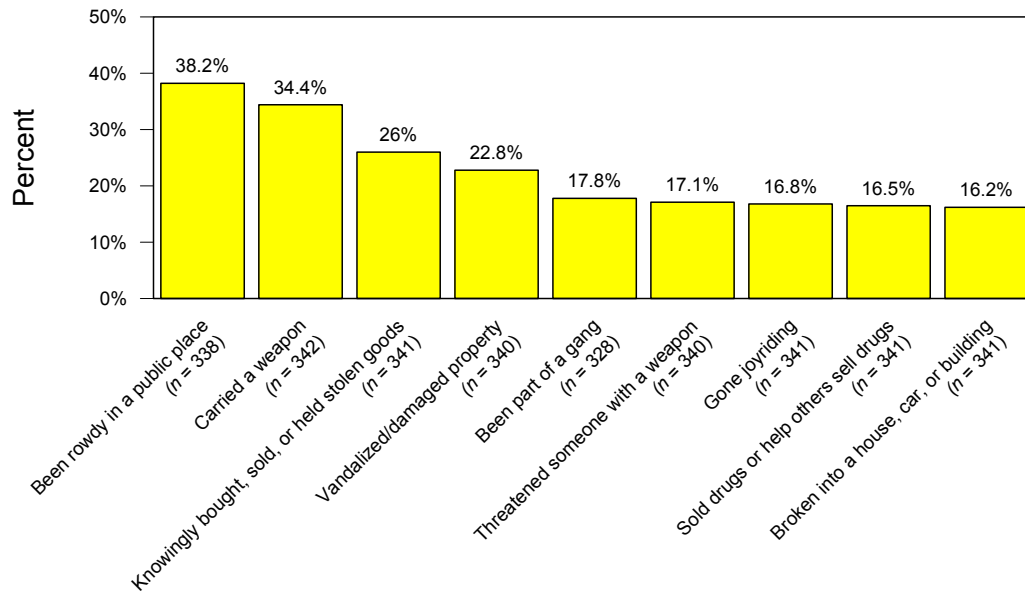


Figure 2

1998). This percentage is substantially lower than the 50% in the comparable age range who had reported an arrest history. This higher rate of arrests among children served by system-of-care programs is not unexpected, given that children need to meet site-defined criteria for serious emotional disturbances to be eligible for services. These criteria include, in some communities, prior involvement with the juvenile justice system. Of those children who had been arrested prior to intake, 74% were boys and 26% were girls. In addition, arrest history differed significantly by age, even after controlling for gender differences. As expected, both older boys and girls were more likely to have been arrested.

Summary

Youth with a history of law enforcement contacts prior to entering systems of care are an important group to follow. Data from the national evaluation indicate that these youth are substantially less likely to have had contacts with law enforcement after they have participated in systems of care for up to 2 years. Self-reports from more recent cohorts of youth entering systems of care, however, indicate that involvement in high-risk delinquent behaviors is relatively widespread, independent of more formal involvement in and referral from the juvenile justice sector. Comprehensive, individualized service plans need to target these behaviors to prevent further escalation which may result in more formal involvement with the juvenile justice system. Further evaluation of youth self-reports across time should assist with assessing the effectiveness of systems of care in reaching this goal in the future. Recent policy initiatives initiated by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to improve mental health services within the juvenile justice system will hopefully have a substantial impact on improved care within this sector in the future.

References:

- Snyder, H. N., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Teplin, L. A. (2001). *Assessing alcohol, drug, and mental disorders in juvenile detainees*. (OJJDP Fact Sheet No. FS-200102). Washington, DC: U.S. Department of Justice.

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Volume 2 issues:

- 1 Characteristics of Youth Transitioning to Adulthood and System-of-Care Services



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